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WINSTON-SALEM**FACSIMILE**From: Louis T. Isaf
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Attorney Number: 1405**TO:** Examiner Padmanabhan K. **COMPANY:** U.S. Patent Office -- Art Unit 1641**FAX:** 703-872-9306 **PAGES:** 13**PHONE:** 703-305-0509 **DATE:** May 4, 2004**RE:** Serial Number 09/613,964 **ATTORNEY DOCKET/REF.** S159 1020**NO.****ACCOUNTING NO.** 38461.0003.1**RECEIVED**
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ATLANTA 175599v1

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
DR. WALTER SCHUBERT) Docket Number: S159 1020
Application Number: 09/613,964) Examiner: Padmanabhan K.
Application Date: June 11, 2000)
Title: A DEVICE FOR BINDING MOLECULES, MOLECULAR GROUPS,
MOLECULAR PARTS, AND/OR CELLS

CERTIFICATE OF FACSIMILE TRANSMISSION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

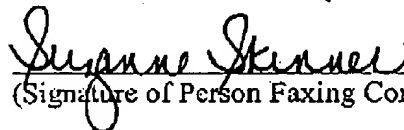
I hereby certify that the following papers are being facsimile transmitted to the
U.S. Patent and Trademark Office on the date shown below.

Amendment Transmittal
Response to Office Action Under 37 C.F.R. §111
Petition for Three Month Extension of Time
Extension Fee of \$475 to be charged to Deposit Account No. 09-0528

5-4-04

Date

Suzanne Skinner
(Printed Name of Person Faxing Corresp.)


(Signature of Person Faxing Corresp.)

ATLANTA 120197v1

In re **PATENT** application of: **DR. WALTER SCHUBERT**
Serial No: **09/613,964**
Filed: **July 11, 2000**
Title: **A DEVICE FOR BINDING MOLECULES, MOLECULAR GROUPS,
MOLECULAR PARTS, AND/OR CELLS**

AMENDMENT TRANSMITTAL LETTER

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

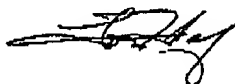
- ☒ No additional fee is required.
☐ A check in payment of the fee is attached.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	8	- 20	= 0	X \$9/\$18	= \$0
Indep Claims	1	- 3	= 0	X \$43/\$86	= \$0
			Total Additional Fee for this Amendment = 0		

- ☐ A check in the amount of \$_____ is enclosed.
☐ The Commissioner is hereby authorized to charge the Amendment Fee of \$____.00 to our Deposit Account No. 09-0528.
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,



Date: May 4, 2004

Louis T. Isaf
Reg. No. 29,078

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Docket Number: **S159 1020**

ATLANTA 399474v1